# Texas Education Agency Standard Application System (SAS)

| Program authority:                  | 2018–2019 Services to Students with Autism  Texas Education Code, 29.026 as added by House Bill 21, Section 3, 85th Texas Legislature, 2017 |                                     |  | ,  | FOR TEA USE ONLY Write NOGA ID here |        |              |            |      |
|-------------------------------------|---|-------------------------------------|--|--|-------------------------------------|--------|--------------|------------|------|
| Grant Period:                       | May 1, 2018,  | to Augu                             | st 31, 2019  |  |                                     |        |              |            |      |
| Application deadline:               |   |                                     | e, March 8, 2018   |  |                                     |        | Place (      | date stamp | hera |
| Submittal                           | Applicants m  | ust subm                            | nit one original cop   | y of the application   | n with an                           |        |              |            | -0   |
| information:                        | original signal only and signal contractual a   | iture, and<br>led by a p<br>greemen | two copies of the person authorized t, must be receive and time at this ad | application, printe<br>to bind the applic<br>d no later than the | ed on one s                         | ide R  |              |            |      |
|                                     |   |                                     | ntrol Center, Gran   |  | Distalan                            | 1.7    | 3            | -7         | 5    |
|                                     | Tex   | kas Educ                            | ation Agency, 170<br>Austin, TX 787  | 1 North Congress   | Ave.                                |        | CONTROL CENT |            |      |
| Contact information:                | Amy Kilpatric   | k, (512)                            | 463-9414, amy.kil  |  | .gov                                | ㅋ콩     |              | 4.1        | 155  |
|                                     |   |                                     | dule #1—Genera   |  |                                     | *****  | 园            | 50         | <>   |
| Part 1: Applicant Inform            | nation  |                                     |  |  |                                     |        | <del></del>  |            |      |
| Organization name                   |   | County                              | -District #  |  |                                     | Amana  |              | . 11       |      |
| Sonora ISD                          | 218901  |                                     | Amend  | mendment #   |                                     |        |              |            |      |
| Vendor ID #                         |   | ESC R                               | egion #  |  |                                     |        |              |            |      |
| 1.0.14                              |   | 15                                  |  |  |                                     |        |              |            |      |
| Mailing address                     |   |                                     |  | City   |                                     | State  | Z            | IP Cod     | de . |
| 807 S. Concho                       |   |                                     |  | Sonora   |                                     | TX     | <del></del>  | 6950       |      |
| Primary Contact                     |   |                                     |  |  |                                     |        |              |            |      |
| First name                          |   | M.I.                                | Last name  |  | Title                               |        |              |            |      |
| Stefanie                            |   | L Taylor                            |  | Direct   | rector of Special Programs          |        |              |            |      |
| Telephone # 325-387-6940, ext. 3400 |   | Email address                       |  | FAX #  | FAX#                                |        |              |            |      |
| Secondary Contact                   |   | stefanie.taylor@sonoraisd.net 325-3 |  | 87-6136  |                                     |        |              |            |      |
| irst name                           |   | 1.4.1                               | 17   |  |                                     |        |              |            |      |
| Monica                              |   | M.I.                                |  |  | Title                               |        |              |            |      |
| Telephone #                         |   |                                     |  |  | inistrative Assistant               |        |              |            |      |
| 325-387-6940, ext. 3400             |   |                                     | Email address FAX # monica.samaniego@sonoraisd.net 325-387                 |  |                                     |        |              |            |      |
| art 2: Certification and            |   | monica.                             | samaniego@son(   | naiso.net  | <u> </u>                            | 7-6136 |              |            |      |

hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will

| Authorized | Officials |
|------------|-----------|

| First name  |  |
|-------------|--|
| Ross        |  |
| Telephone # |  |

M.I. Last name Aschenbeck

Superintendent

325-387-6940, ext. 3000

Email address ross.aschenbeck@sonoraisd.net

FAX # 325-387-5090

Signature (blue ink preferred)

Date signed

3/6/2018

Only the legally responsible party may sign this application

701-18-107-009

| Schedule #1—General Information                            |                                    |  |  |  |  |
|--|------------------------------------|--|--|--|--|
| County-district number or vendor ID: 218901                | Amendment # (for amendments only): |  |  |  |  |
| Part 3: Schedules Required for New or Amended Applications |                                    |  |  |  |  |

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application. For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

| Schedule | Schedule Name   | Applicat    | Application Type                                 |  |  |
|----------|---|-------------|--|--|--|
| #        | <u></u>   | New         | Amended  |  |  |
|          | General Information   |             |  |  |  |
| 2        | Required Attachments and Provisions and Assurances          | X           | N/A  |  |  |
| 3        | Certification of Shared Services                            |             |  |  |  |
| 4        | Request for Amendment                                       | N/A         |  |  |  |
| 5_       | Program Executive Summary                                   |             |  |  |  |
| 6        | Program Budget Summary                                      |             |  |  |  |
| 7        | Payroll Costs (6100)  | *See        |  |  |  |
| 8        | Professional and Contracted Services (6200)                 | important   |  |  |  |
| 9        | Supplies and Materials (6300)                               | note for    | <u> </u>   |  |  |
| 10       | Other Operating Costs (6400)                                | competitive | —— <del> </del>                                  |  |  |
| 11       | Capital Outlay (6600)                                       | grants      |  |  |  |
| 12       | Demographics and Participants to Be Served with Grant Funds | <u> </u>    | <del>-  -  -</del>                               |  |  |
| 13       | Needs Assessment  | X           |  |  |  |
| 14       | Management Plan   |             |  |  |  |
| 15       | Project Evaluation  |             | <del>-                                    </del> |  |  |
| 16       | Responses to Statutory Requirements                         | N N         | <del></del>                                      |  |  |
| 17       | Responses to TEA Requirements                               |             |  |  |  |

\*IMPORTANT NOTE FOR COMPETITIVE GRANTS: Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, the application will be disqualified.

|   | Use Only             |
|---|----------------------|
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| Via telephone/fax/email (circle as appropriate) | By TEA staff person: |

| Schedule #2—Required Attachments and Provisions and Assurances |                                    |  |  |  |
|--|------------------------------------|--|--|--|
| County-district number or vendor ID: 218901                    | Amendment # (for amendments only): |  |  |  |
| Part 1: Required Attachments                                   |                                    |  |  |  |

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

| #     | Applicant Type                              | Name of Required Fiscal-Related Attachment         |
|-------|---|--|
| No fi | scal-related attachments are requ           | uired for this grant.                              |
| #     | Name of Required Program-Related Attachment | Description of Required Program-Related Attachment |
| No p  | rogram-related attachments are r            | required for this grant.                           |
| Part  | 2: Acceptance and Compliance                | e  |

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and

require a separate certification.

| х           | Acceptance and Compliance  |
|-------------|--|
| $\boxtimes$ | I certify my acceptance of and compliance with the General and Fiscal Guidelines.  |
| $\boxtimes$ | I certify my acceptance of and compliance with the program guidelines for this grant.  |
|             | I certify my acceptance of and compliance with all General Provisions and Assurances requirements.   |
|             | I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all<br>Debarment and Suspension Certification requirements. |

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| Schedule #2—Required Attachments and Provisions and Assurances |                                    |  |  |  |
|--|------------------------------------|--|--|--|
| County-district number or vendor ID: 218901                    | Amendment # (for amendments only): |  |  |  |
| Part 3: Program-Specific Provisions and Assurances             |                                    |  |  |  |

I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

| Teening my acceptance of and compliance with all program-specific provisions and assurances listed below.   |
|---|
| Provision/Assurance   |
| The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy. |
| The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.   |
| The applicant provides assurance that the program will operate as an independent campus or a separate program from the campus in which the program is located, with a separate budget.  |
| The applicant provides assurance that the program will give priority for enrollment to students with autism.  |
| The applicant provides assurance that the program will limit enrollment and services to students who are at least three years of age and younger than nine years of age or are enrolled in the third grade or a lower grade level.  |
| The applicant provides assurance that the program will allow a student who turns nine years of age or older during a school year to remain in the program until the end of that school year.  |
| The applicant provides assurance that the local educational program (LEA) will not charge a fee for the program, other than those authorized by law for students in public schools.   |
| The applicant provides assurance that the LEA will not require a parent to enroll a child in the program.   |
| The applicant provides assurance that the LEA will not allow an admission, review, and dismissal committee to place a student in the program without the written consent of the student's parent or guardian.   |
| The applicant provides assurance that the LEA will not continue the placement of a student in the program after the student's parent or guardian revokes consent, in writing, to the student's placement in the program.  |
| The applicant provides assurance that it will develop appropriate systems and processes to collect and report baseline academic and functional data and achievements for students enrolled in the program as required by TEA.   |
| The applicant provides assurance that it will submit data on the academic and functional achievements to TEA, in a TEA approved format, by the requested date. This data may be the basis for awarding continuation grants.   |
|   |

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| Schedule #3—Certification of Share   | d Services                         |
|--------------------------------------|------------------------------------|
| County-district number or vendor ID: | Amendment # (for amendments only): |

I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all shared services arrangement (SSA) activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy(ies) occurred.

Any additional funds that result from an increase will not require additional signatures. Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in Schedule #2, Parts 2 and 3, as applicable. Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

| #                 | County-District # and<br>Name | Authorized Official Name and Signature | Telephone Number and<br>Email Address | Funding Amount  |
|-------------------|-------------------------------|--|---------------------------------------|-----------------|
| Fis               | cal Agent                     |  |                                       |                 |
| 4                 | County-District #             | Name                                   | Telephone number                      | Funding amount  |
| 1.                | County-District Name          |  | Email address                         | Fullding amount |
| Me                | mber Districts                |  |                                       |                 |
| _                 | County-District #             | Name                                   | Telephone number                      | Funding amount  |
| 2.                | County-District Name          |  | Email address                         | Fullding amount |
| _                 | County-District #             | Name                                   | Telephone number                      | Funding amount  |
| 3.                | County-District Name          |  | Email address                         | Fullding amount |
| _                 | County-District #             | Name                                   | Telephone number                      | Funding amount  |
| 4.                | County-District Name          |  | Email address                         | Fullding amount |
| County-District # |                               | Name                                   | Telephone number                      | Funding amount  |
| <b>5</b> .        | County-District Name          |  | Email address                         | Funding amount  |
| _                 | County-District #             | Name                                   | Telephone number                      | Funding amount  |
| 6.                | County-District Name          |  | Email address                         | Fullding amount |
| _                 | County-District #             | Name                                   | Telephone number                      | Funding amount  |
| 7.                | County-District Name          |  | Email address                         | runding amount  |
|                   | County-District #             | Name                                   | Telephone number                      | Funding amount  |
| 8.                | County-District Name          |  | Email address                         | Funding amount  |

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| Cou | nty-district number or vendo  | or ID:                                 | Amendment # (fo                       | or amendments only): |  |
|-----|-------------------------------|--|---------------------------------------|----------------------|--|
| #   | County-District # and<br>Name | Authorized Official Name and Signature | Telephone Number and<br>Email Address | Funding Amount       |  |
| Mer | nber Districts                |  |                                       |                      |  |
|     | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 9.  | County-District Name          |  | Email address                         |                      |  |
| 10  | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 10. | County-District Name          |  | Email address                         | T driding amount     |  |
| 11. | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 11. | County-District Name          |  | Email address                         | T unding amount      |  |
| 12. | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 12. | County-District Name          |  | Email address                         | Fullding attlount    |  |
| 40  | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 13. | County-District Name          |  | Email address                         |                      |  |
| 14. | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
|     | County-District Name          |  | Email address                         | Fullding amount      |  |
|     | County-District #             | Name                                   | Telephone number                      | Funding              |  |
| 15. | County-District Name          |  | Email address                         | Funding amount       |  |
| 10  | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 16. | County-District Name          |  | Email address                         | Fullding amount      |  |
|     | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 17. | County-District Name          |  | Email address                         | Funding amount       |  |
| 10  | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 18. | County-District Name          |  | Email address                         | Funding amount       |  |
| 40  | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 19. | County-District Name          |  | Email address                         | Turiding amount      |  |
|     | County-District #             | Name                                   | Telephone number                      | Funding amount       |  |
| 20. | County-District Name          |  | Email address                         | Funding amount       |  |
|     |                               |  | Grand total:                          |                      |  |

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| Schedule #4—Request for Amendment    |                                    |  |
|--------------------------------------|------------------------------------|--|
| County-district number or vendor ID: | Amendment # (for amendments only): |  |
| Part 1: Submitting an Amendment      |                                    |  |

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). Do not submit this schedule with the original grant application. Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail *or* by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the <u>TEA Grant Opportunities</u> page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

## Part 2: When an Amendment Is Required

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division Administering a Grant page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

| Part 3: Revised Budget |                                     |                          |   |                   |                 |                    |
|------------------------|-------------------------------------|--------------------------|---|-------------------|-----------------|--------------------|
|                        |                                     |                          | Α   | В                 | С               | D                  |
| #                      | Schedule #                          | Class/<br>Object<br>Code | Grand Total from<br>Previously<br>Approved Budget | Amount<br>Deleted | Amount<br>Added | New Grand<br>Total |
| 1.                     | Schedule #7: Payroll                | 6100                     | \$  | \$                | \$              | \$                 |
| 2.                     | Schedule #8: Contracted Services    | 6200                     | \$  | \$                | \$              | \$                 |
| 3.                     | Schedule #9: Supplies and Materials | 6300                     | \$  | \$                | \$              | \$                 |
| 4.                     | Schedule #10: Other Operating Costs | 6400                     | \$  | \$                | \$              | \$                 |
| 5.                     | Schedule #11: Capital Outlay        | 6600                     | \$  | \$                | \$              | \$                 |
| 6.                     | Total direct costs:                 |                          | \$  | \$                | \$              | \$                 |
| 7.                     | Indirect cost ( %):                 |                          | \$  | \$                | \$              | \$                 |
| 8.                     | T                                   | otal costs:              | \$  | \$                | \$              | \$                 |

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|                                 | Schedule #4—Request for Amendment (cont.) |                       |                                    |  |
|---------------------------------|---|-----------------------|------------------------------------|--|
| County                          | -district number o                        | r vendor ID:          | Amendment # (for amendments only): |  |
| Part 4: Amendment Justification |   |                       |                                    |  |
| Line<br>#                       | Schedule #<br>Being<br>Amended            | Description of Change | Reason for Change                  |  |
| 1.                              |   |                       |                                    |  |
| 2.                              | i   |                       |                                    |  |
| 3.                              |   |                       |                                    |  |
| 4.                              |   |                       |                                    |  |
| 5.                              |   |                       |                                    |  |
| 6.                              | ī   |                       |                                    |  |
| 7.                              |   |                       |                                    |  |
|                                 | 1   | 1                     |                                    |  |

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#### Schedule #5—Program Executive Summary

County-district number or vendor ID: 218901

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Our proposed program meets or exceeds the program description of the RFP in the following ways. First, we are requesting funds to implement an aggressive, early, and comprehensive intervention program that uses evidence-based and researched-based practices through purpose-built social, humanoid, facially expressive robot, Milo, to deliver developmental instruction modules with over 130 lessons that teach critical social, emotional, behavioral and communicative skills for ASD children from ages 3 through 9.

The supplemental program, Robots4Autism, utilizes several evidence-based practices to compliment as well as support existing programming. Each lesson is supported by sample IEP goals and includes robust data collecting and reporting analytics to measure progress and improvement including: 1) Lesson completion; 2) Lesson Attempts; 3) Time to respond (engagement and generalizing); and 4) Accuracy of response. Data is exportable and can be accessed at any time.

The research base for this program includes published clinical studies, empirical studies, qualitative case studies and longitudinal studies. Working with ASD experts at the Callier Center at UT Dallas, the robots4autism program was designed, written, and clinically tested to ensure the growth, improvement, and impact for ASD learners.

The second piece of our proposed program is the development of a sensory room and active learning space to diffuse excess energy and aggression in students with autism. The sensory room and active learning space utilizes therapeutic tools and equipment to assist students in calming and resetting their behavior so that they are prepared to focus and learn. This calming environment can be effective in reducing disruptive behaviors from aggression, anxiety, or frustration. In addition, the sensory room and active learning space employs evidence-based practices and emphasizes creating a developmentally appropriate and enriched environment so that children become active learners. Behavior data tracking tools will be used to measure progress and improvement including: 1)Decreased emotional outbursts; 2)Decreased disruptive behavior; and 3)Increased time on academic tasks.

Utilizing "parent newsletters" that describe in detail the lesson goals, objectives, and extension activities to be used in the home as well as frequent reporting of progress, and improvement throughout the program, parents and learner guardians will engage in collaboration and support of their students learning and progress. In addition, there are parental/learner guardian data collection protocols to assist with observed generalizing behavior.

One of the greatest challenges in working with ASD learners are behavioral issues, meltdowns, and lack of self-regulation. To that end, one of the measurable objectives and subsequent outcomes of this program will be the reduction of inappropriate, inattentive, and disruptive behaviors resulting in an increase of time on task and opportunity to learn. A second objective and expected outcome of the program centers on generalizing in social situations or social settings as measured by objective data from the robots4autism program as well as observed, documented data by teachers, paraprofessionals, and parents or learner guardians. A third objective is emotional understanding that reflects identifying and imitating facial expressions as measured by data from the robots4autism program. A fourth and final objective is conversational skills as measured by data from the robots4autism program that focuses on greetings, leave taking, and conversational dynamics.

The implementation of this program will result in significant measurable life-changing impact for ASD learners, educators and their learner guardians to ensure that each ASD learner has access and opportunity to learn foundational skills in social, emotional, behavioral, and communicative development.

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|  |           | Schedule #6-   | <u> Program</u>          | Budget Summary        |                   |                        |
|--|-----------|--|--------------------------|-----------------------|-------------------|------------------------|
| County-  | district  | number or vendor ID: 218901  | "                        | Amendi                | ment # (for amend | iments only):          |
| Progran  | n autho   | rity: Texas Education Code, 29.026, I  | House Bill 2             | 1, Section 3, 85th Te | exas Legislature, | 2017                   |
| Grant p  | eriod: N  | lay 1, 2018, to August 31, 2019  |                          | Fund code/shared      | services arrange  | ment code: 429/459     |
| Budget   | Summ      | ary  |                          |                       |                   |                        |
| Sched  | ule #     | Title  | Class/<br>Object<br>Code | Program Cost          | Admin Cost        | Total Budgeted<br>Cost |
| Schedu   | le #7     | Payroll Costs (6100)   | 6100                     | \$                    | \$                | \$                     |
| Schedu   | le #8     | Professional and Contracted<br>Services (6200)                               | 6200                     | \$                    | \$                | \$                     |
| Schedule #9  |           | Supplies and Materials (6300)  | 6300                     | \$3,000               | \$                | \$3,000                |
| Schedu   | le #10    | Other Operating Costs (6400)   | 6400                     | \$                    | \$                | \$                     |
| Schedule #11 Capital Outlay (6600) 6600                      |           | \$16,275 \$  |                          | \$16,275              |                   |                        |
|  |           | Total di   | rect costs:              | \$19,275              | \$                | \$19,275               |
|  |           | Percentage% indirect costs   | (see note):              | N/A                   | \$                | \$                     |
| Grand to   | otal of b | oudgeted costs (add all entries in eac                                       | h column):               | \$                    | \$                | \$19,275               |
|  |           | Shared   | Services A               | Arrangement           |                   |                        |
| Payments to member districts of shared services arrangements |           |  | \$                       | \$                    | \$                |                        |
|  |           | Adminis  | trative Cos              | t Calculation         |                   |                        |
| Enter th   | e total ( | grant amount requested:  |                          |                       |                   | \$                     |
| Percent  | age lim   | it on administrative costs established                                       | for the prog             | gram (15%):           |                   | x .15                  |
|  |           | und down to the nearest whole dollar.<br>imum amount allowable for administr |                          |                       | osts:             | \$                     |

Schedule #6-Program Rudget Summary

NOTE: Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. If indirect costs are claimed, they are part of the total grant award amount. They are not in addition to the grant award amount.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Do not submit an amendment solely for the purpose of budgeting indirect costs.

If selected for a competitive grant, your award amount will be the lesser of the grand total of budgeted costs as stated on this schedule (the box with the bold outline), or the sum of all line items listed on this schedule, or the maximum allowable award amount. TEA is not responsible for math errors.

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|      |  | Schedule #7—P                             | ayroll Costs (6100)       |                  |              |
|------|--|---|---------------------------|------------------|--------------|
| Cour | unty-district number or vendor ID: 218901 Amendment # (for amendments only): |   |                           | nendments only): |              |
| Oddi | ity diotii   | 7. (14.11.50)                             | Estimated                 | Estimated        |              |
|      |  |   | # of                      | # of             |              |
|      |  | <b>Employee Position Title</b>            | Positions                 | Positions        | Grant Amount |
|      |  |   | 100%                      | <100%            | Budgeted     |
|      |  |   | Grant                     | Grant            |              |
|      |  |   | Funded                    | Funded           |              |
| Aca  | demic/lr   | structional                               |                           |                  | \$           |
| 1    | Teache   |   |                           |                  | \$<br>\$     |
| 2    | Educati  | onal aide                                 |                           |                  | \$<br>\$     |
| 3    | Tutor  |   |                           |                  | <u> </u>     |
| Pro  | gram Ma  | nagement and Administration               |                           |                  |              |
| 4    | Project  | director/administrator                    |                           |                  | \$           |
| 5    |  | coordinator                               |                           |                  | \$           |
| 6    |  | r facilitator                             |                           |                  | \$           |
| 7    |  | r supervisor                              |                           |                  | \$           |
| 8    |  | ry/administrative assistant               |                           |                  | \$           |
| 9    | Data entry clerk   |   |                           | \$               |              |
| 10   | Grant a  | ccountant/bookkeeper                      |                           |                  | \$           |
| 11   | Evaluat  | or/evaluation specialist                  |                           | <u> </u>         | \$           |
|      | ciliary  |   |                           |                  |              |
|      | Counse   | or  |                           |                  | \$           |
| 13   |  |   |                           |                  | \$           |
| 14   |  | ınity liaison/parent coordinator          |                           |                  | \$           |
|      |  | oyee Positions                            |                           |                  |              |
| 15   | Title  |   | ·                         |                  | S            |
| 16   | Title  |   |                           |                  | \$           |
| 17   | Title  |   |                           |                  | \$           |
| 18   | Title  |   | Subtotal en               | nployee costs:   | \$           |
|      | netitute   | Extra-Duty Pay, Benefits Costs            |                           |                  |              |
| 19   |  | Substitute pay                            |                           |                  | \$           |
| 20   |  | 6112   Substitute pay  \$ \$ \$           |                           |                  |              |
| 21   | 6121   | 6119 Professional staff extra-duty pay    |                           |                  |              |
| 22   | 6140   | Employee benefits                         |                           |                  | \$           |
| 23   | 61XX   |   |                           | -                | \$           |
| 24   | DIVV   | Subtotal                                  | I substitute, extra-duty, | benefits costs   | \$           |
| 25   | Grand  | total (Subtotal employee costs plus subto |                           |                  | ş            |

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|       | Schedule #8—Professional and Contracted Services (62   | 00)                      |  |  |
|-------|--|--------------------------|--|--|
| Coun  | tv-district number or vendor ID: 218901 Amendment #  | for amendments only):    |  |  |
| NOT   | NOTE: Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source |                          |  |  |
| provi | ders. TEA's approval of such grant applications does not constitute approval of a sol                                  | e-source provider.       |  |  |
|       | Professional and Contracted Services Requiring Specific Ap   | proval                   |  |  |
|       | Expense Item Description   | Grant Amount<br>Budgeted |  |  |
|       | Rental or lease of buildings, space in buildings, or land  |                          |  |  |
| 6269  |  | \$                       |  |  |
| а     | . Subtotal of professional and contracted services (6200) costs requiring specific approval:                           | s                        |  |  |
|       | Professional and Contracted Services   |                          |  |  |
|       | Description of Service and Purpose   | Grant Amount             |  |  |
| #     |  | Budgeted                 |  |  |
| 1     |  | \$                       |  |  |
| 2     |  | \$                       |  |  |
| 3     |  | \$                       |  |  |
| 4     |  | \$                       |  |  |
| 5     |  | \$                       |  |  |
| 6     |  | \$                       |  |  |
| 7     |  | \$                       |  |  |
| 8     |  | \$                       |  |  |
| 9     |  | \$                       |  |  |
| 10    |  | \$                       |  |  |
| 11    |  | \$                       |  |  |
| 12    |  | \$                       |  |  |
| 13    |  | S                        |  |  |
| 14    |  | \$                       |  |  |
| t     | Subtotal of professional and contracted services:  | \$                       |  |  |
| C     | Remaining 6200—Professional and contracted services that do not require specific approval:                             | \$                       |  |  |
|       | (Sum of lines a, b, and c) Grand to  | otal \$                  |  |  |

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|        | Schedule #9—Supplies and Materials (630                             | 00)          |                          |
|--------|---|--------------|--------------------------|
| County |   |              | amendments only):        |
|        | Supplies and Materials Requiring Specific Ap                        | proval       |                          |
|        | Expense Item Description  |              | Grant Amount<br>Budgeted |
| 6300   | Total supplies and materials that do not require specific approval: |              | \$3,000                  |
|        |   | Grand total: | \$3,000                  |

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|                          | Other Operating Costs (6400)               | Schedule #10-Othe  |        |
|--------------------------|--|--|--------|
| mendments only):         | Amendment number (for a                    | -District Number or Vendor ID: 218901  | County |
| Grant Amount<br>Budgeted |  | Expense Item Descripti   | Odine  |
| \$                       | lowable per Program Guidelines and         | Out-of-state travel for employees. Must be allowa grantee must keep documentation locally. | 6411   |
| \$                       | erating costs requiring specific approval: |  |        |
| S                        | sts that do not require specific approval: | Remaining 6400—Other operating costs the   |        |
| \$                       | Grand total:                               |  |        |

In-state travel for employees does not require specific approval.

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|               | Schedule #11Ci                                       |                |                   | 11                     |
|---------------|--|----------------|-------------------|------------------------|
| County        | y-District Number or Vendor ID: 218901               |                |                   | (for amendments only): |
| #             | Description and Purpose                              | Quantity       | Unit Cost         | Grant Amount Budgeted  |
| 5669-         | -Library Books and Media (capitalized and contro     | lled by librar | y)                |                        |
| 1             |  | N/A            | N/A               | <u> </u>               |
| 66XX-         | -Computing Devices, capitalized                      |                |                   |                        |
| 2             | Milo - Robot   | 1              | \$5500            | \$5500                 |
| 3             |  |                | \$                | \$                     |
| 4             |  |                | \$                | \$                     |
| 5             |  |                | \$                | \$                     |
| 6             |  |                | \$                | \$                     |
| 7             |  |                | \$                | \$                     |
| 8             |  |                | \$                | \$                     |
| 9             |  |                | \$                | \$                     |
| 10            |  |                | \$                | \$                     |
| 11            |  |                | \$                | \$                     |
|               | -Software, capitalized                               | ·              |                   |                        |
| 12            | Milo Software Curriculum                             | 1              | \$6000            | \$6000                 |
| 13            | ***************************************              |                | \$                | \$                     |
| 14            |  |                | \$                | \$                     |
| 15            |  |                | \$                | \$                     |
| 16            |  | ····           | S                 | \$                     |
| 17            |  | ·              | \$                | \$                     |
| 18            |  |                | \$                | S                      |
|               | -Equipment or furniture                              |                |                   |                        |
| 19            | Travel Case  | 1              | \$625             | \$625                  |
| 20            | Calming LED Bubble Tube                              | 1              | \$1900            | \$1900                 |
| 21            | Fiber Optic Flexible Lights with Light Source        | 1              | \$500             | \$500                  |
| 22            | 8'x4' Climbing Wall with Mats                        | 1              | \$1750            | \$1750                 |
|               | 0 X4 Cilifibility Wall With Wats                     |                | \$                | \$                     |
| 23            |  |                | \$                | \$                     |
| 24            |  |                | \$                | s s                    |
| 25            |  |                | S                 | S                      |
| 26            |  |                | \$                | \$                     |
| 27            |  |                | S                 | \$                     |
| 28  <br>66XX- | —Capital expenditures for additions, improvemen      | ts, or modific | cations to capita |                        |
| increa        | ase their value or useful life (not ordinary repairs | and mainten    | ance)             |                        |
| 29            |  |                |                   | \$                     |
|               |  |                | Grand total:      | \$16,275               |
|               |  |                |                   |                        |

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| Schedule #12—Demographics of Participants to Be Served with Grant Funds   |                      |     |                                       |        |                         |              |                      |
|---|----------------------|-----|---------------------------------------|--------|-------------------------|--------------|----------------------|
| County-district number or vendor ID: 218901 Amendment # (for amendments only):  |                      |     |                                       |        | dments only):           |              |                      |
| Part 1: Students/Teachers To Be Served With Grant Fund<br>grade projected to be served under the grant program. Use is<br>specifically requested that is important to understanding the<br>limited to space provided. Use Arial font, no smaller than 10  |                      |     | e the comment s<br>e population to be | ection | i to add a              | description  | n of any data not    |
| School Type: 🛛 Pu   |                      |     | ☐ Private Nonpr                       | ofit   | ☐ Private               | e For Profit | ☐ Public Institution |
| Grade   | Number of Students   |     | Number of Tea                         | cher   | 5                       | Student/     | Teacher Ratio        |
| PK  | 1                    |     | 1                                     |        |                         | 1/1          |                      |
| К   | 1                    |     | 1                                     |        |                         | 1/1          |                      |
| 1 <sup>st</sup>   | 2                    |     | 1                                     |        |                         | 1/1          |                      |
| 2 <sup>nd</sup>   | 1                    |     | 1                                     |        |                         | 1/1          |                      |
| 3rd   | 3                    | 1   |                                       | 2/1    |                         |              |                      |
| COMMENTS  |                      |     |                                       |        |                         |              |                      |
| Part 2: Amount of Instruction. Enter amount of instruction to be provided with grant funds. Use the comment section to add a description of any data not specifically requested that is important to understanding the amount of instruction to be provided by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point. |                      |     |                                       |        | it of instruction to be |              |                      |
|   | nount of Instruction |     |                                       |        | СО                      | MMENTS       |                      |
| School day hours<br>(ex) 8:30am – 4:30pm  |                      | 8   |                                       |        |                         |              |                      |
| Number of days in school year   |                      | 172 |                                       |        |                         |              |                      |
| Minutes of instruction  | 78,405               |     |                                       |        |                         |              |                      |

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Need

#### Schedule #13-Needs Assessment

County-district number or vendor ID: 218901

Amendment # (for amendments only):

Part 1: Process Description. A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

While each ASD learner is unique, their general needs consist of some or all of the following:

Self-Regulation – Individuals with ASD often have difficulty self-regulating their behavior due to overstimulation from environmental and social stimulus. This stimulation can lead to anxiety attacks, violent outbursts or shutting down. This is often exacerbated by these individual's difficulties expressing themselves and their needs. If skills which enable these learners to more effectively regulate themselves are taught

Conversation – Individuals with ASD range from non-verbal and non-communicative to verbal. For individuals with difficulty verbalizing or communicating, making progress on

Emotional Expression – Individuals with ASD can have difficulty expressing their emotions effectively. This can lead to miscommunication, ignoring needs and misinterpretations.

Emotional Recognition – Individuals with ASD have difficulty recognizing emotional expression in others. This can include not understanding facial expressions that convey emotion, intent and meaning. This leads to misunderstanding of social cues in conversation. Misunderstandings due to idiomatic expressions and due to variations in meaning of statement conferred by tone of voice.

The grant funds will be used to serve the Sonora Elementary Campus, as it is the only elementary campus in the school district.

A review of current evaluation data, present levels of academic and functional performance, and individual education plans for ASD learners will be conducted to address each student's individual needs.

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## Schedule #13—Needs Assessment (cont.)

County-district number or vendor ID: 218901

Amendment # (for amendments only):

Part 2: Alignment with Grant Goals and Objectives. List your top five needs, in rank order of assigned priority.

Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

| to s | to space provided, front side only. Use Arial font, no smaller than 10 point.                       |  |  |  |  |  |
|------|---|--|--|--|--|--|
| #    | Identified Need   | How Implemented Grant Program Would Address  |  |  |  |  |
| 1.   | Use of effective, innovative instructional technology.  | The Robots4Autism program utilizes a humanoid, social, facially expressive robot as a tool to help teach social, emotional, behavioral and communicative skills. Over 1500 video vignettes and 1700 video supports are embedded in social narratives that combine audio and visual integration to increase auditory processing.  |  |  |  |  |
|      |   | Additionally, the robot works and integrates with tablet technology for instruction and data collection.   |  |  |  |  |
| 2.   | Use of comprehensive social, emotional, behavioral, and communicative skill development curriculum. | Over 135 evidence based and research based lessons in five (5) curriculum modules that focus on self-regulation, conversational interaction, emotional understanding, situations, and small and large group activities are included in the robots4autism program. This curriculum is delivered as well as facilitated with visual supports, visual modeling, reinforcement, social narratives, social skills training, and technology aided instruction are accompanied by sample IEP goals and aligned data collection and reporting analytics.  The sensory room and active learning space utilizes therapeutic tools and equipment to assist ASD learners in self-regulation of emotions and behavior.  The Robots4Autism program and the sensory room/active learning center will work together to address social, emotional, and behavioral skill development to reduce inappropriate, inattentive, and disruptive behaviors. |  |  |  |  |
| 3.   | Use of objective data for progress monitoring, growth and IEP goal attainment.                      | The implementation of Robots4Autism program will provide a dedicated, secure web portal, for objective data collection, analysis, and reporting to measure progress and improvement in the following four (4) areas to meet or exceed specific IEP goal language in social, emotional, behavioral and/or communicative skill development:  1. Lesson completion 2. Lesson Attempts 3. Time to respond (engagement and generalizing) 4. Accuracy of response  Behavior data tracking tools will be used to monitor social,  |  |  |  |  |
|      |   | emotional, and behavioral skill development through the sensory room and active learning center. This tool will be used to measure progress in: 1) Decreased emotional outbursts; 2)Decreased disruptive behavior; and 3)Increased time on academic tasks.   |  |  |  |  |

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| Sche | dule | #14- | —Mana | ageme | nt Plan |   |
|------|------|------|-------|-------|---------|---|
|      |      |      |       |       |         | _ |

County-district number or vendor ID: 218901 Amendment # (for amendments only):

Part 1: Staff Qualifications. List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

| #  | Title                           | Desired Qualifications, Experience, Certifications  |
|----|---------------------------------|---|
| 1. | Speech<br>Therapist             | Member of American Speech-Language-Hearing Assocation and certification status is fully licensed SLP-CCC.  IBCCES Certified Autism Specialist |
| 2. | Special<br>Education<br>Teacher | Texas teaching certification in Special Education   |
| 3. | Occupational<br>Therapist       | Member of Executive Council of Physical Therapy and Occupational Therapy Examiners and Occupational Therapist-Regular License                 |
| 4. |                                 |   |
| 5. |                                 |   |

Part 2: Milestones and Timeline. Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

| #  | Objective                        |     | Milestone                                       | Begin Activity | End Activity |
|----|----------------------------------|-----|---|----------------|--------------|
|    | Reduction of                     | 1.  | Establish Baseline of current disruptions       | 08/21/2018     | 09/28/2018   |
|    | inappropriate,                   | 2.  | Establish specific goal/target for each student | 08/21/2018     | 09/28/2018   |
| 1. | inattentive, and                 | 3.  | Each student completes Calm Down Module         | 08/21/2018     | 09/07/2018   |
|    | disruptive behaviors             | 4.  | Monitor and report at 6 week intervals          | 08/21/2018     | 05/24/2019   |
|    | Incresses                        | 1.  | Establish Baseline of current disruptions       | 08/21/2018     | 09/28/2018   |
|    | Increase<br>generalizing in      | 2.  | Establish specific goal/target for each student | 08/21/2018     | 09/28/2018   |
| 2. | social situations or             | 3.  | Implement Situational Models for identified     | 09/10/2018     | 05/24/2019   |
|    | social settings                  | l   | students  |                |              |
|    |                                  | 4.  | Monitor and report at 6 week intervals          | 08/21/2018     | 05/24/2019   |
|    | Increase emotional understanding | _1. | Establish Baseline of current disruptions       | 08/21/2018     | 09/28/2018   |
|    |                                  | 2.  | Establish specific goal/target for each student | 08/21/2018     | 09/28/2018   |
| 3. |                                  | 3.  | Implement Emotional Understanding for           | 09/10/2018     | 05/24/2019   |
| i  |                                  |     | identified students                             |                |              |
|    |                                  | 4.  | Monitor and report at 6 week intervals          | 08/21/2018     | 05/24/2019   |
|    |                                  | 1.  | Establish Baseline of current disruptions       | 08/21/2018     | 09/28/2018   |
|    | Increase                         | 2.  | Establish specific goal/target for each student | 08/21/2018     | 09/28/2018   |
| 4. | conversational                   | 3.  | Implement Conversational Modules for            | 09/10/2018     | 05/24/2019   |
|    | skills                           |     | identified students                             |                |              |
|    |                                  | 4.  | Monitor and report at 6 week intervals          | 08/21/2018     | 05/24/2019   |

Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.

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| exas Education Agency  | Standard Application System (SAS)   |
|--|---|
| Schedule #14—Management Plan   | (cont.)   |
| County-district number or vendor ID: 218901  | Amendment # (for amendments only):  |
| Part 3: Feedback and Continuous Improvement. Describe the process a has in place for monitoring the attainment of goals and objectives. Include a goals and objectives is adjusted when necessary and how changes are constudents, parents, and members of the community. Response is limited to some smaller than 10 point. | and procedures your organization currently a description of how the plan for attaining mmunicated to administrative staff, teachers, space provided, front side only. Use Arial font, |
| The Sonora Elementary has a continuous improvement plan in place, which general education teachers, special education teachers, parents, and commorphisms also serves on the committee as a district level representative.   | h is monitored by a committee made up of munity members. The Director of Special  |
| The committee meets several times throughout the year to identify campus address the identified needs, and review progress toward attainment of the presented to the school board and a review of progress toward goals and c representatives, and community representatives during campus level meet                        | goals and objectives. The initial plan is objectives is reviewed with teachers,parent   |
|  |   |
| Part 4: Sustainability and Commitment. Describe any ongoing, existing planned project. How will you coordinate efforts to maximize effectiveness project participants remain committed to the project's success? Response Use Arial font, no smaller than 10 point.  | of grant funds? How will you ensure that all is limited to space provided, front side only.   |
| Sonora Elementary currently serves ASD learners utilizing evidence based setting. A speech therapist serves these students on a regular basis to add concerns. Social skills groups are developed to provide ASD learners with   | dress language and social pragmatic   |
|  | It's development of a poncont room  |

The supplemental program we are requesting, including robots4autism program and the development of a sensory room and active learning space, will be used to purchase equipment and tools to provide enhanced learning opportunities for students with autism. As a small school district, it is difficult to find funding sources for the initial set up of programs such as the one described. With the help of grant funds, these initial purchases can be made and the school can then maintain the equipment and add new devices for years to come.

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| Schedule #15—Project Evaluation |  |    |  |  |  |  |
|---------------------------------|--|----|--|--|--|--|
| Cou                             | County-district number or vendor ID: 218901 Amendment # (for amendments only):   |    |  |  |  |  |
|                                 | Part 1: Evaluation Design. List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. |    |  |  |  |  |
|                                 |  |    | t side only. Use Arial font, no smaller than 10 point. |  |  |  |
| #                               | <b>Evaluation Method/Process</b>   |    | Associated Indicator of Accomplishment                 |  |  |  |
|                                 | Establish baseline with each   | 1. | Lesson Attempts/Accuracy of Reponse                    |  |  |  |
| 1.                              | student  | 2. | Lesson Completion/Module Completion                    |  |  |  |
|                                 |  | 3. | Time to respond (engagement and generalizing)          |  |  |  |
|                                 | Reduction of inappropriate,  | 1. | Lesson Attempts/Accuracy of Reponse                    |  |  |  |
| 2.                              | inattentive, and disruptive  | 2. | Lesson Completion/Module Completion                    |  |  |  |
|                                 | behaviors  | 3. | Time to respond (engagement and generalizing)          |  |  |  |
|                                 | Generalizing in social situations  | 1. | Lesson Attempts/Accuracy of Reponse                    |  |  |  |
| 3.                              | or social settings   |    | Lesson Completion/Module Completion                    |  |  |  |
|                                 |  | 3. | Time to respond (engagement and generalizing)          |  |  |  |
|                                 | Identifying and imitating facial   | 1. | Lesson Attempts/Accuracy of Reponse                    |  |  |  |
| 4.                              | expressions through emotional  | 2. | Lesson Completion/Module Completion                    |  |  |  |
|                                 | understanding  | 3. | Time to respond (engagement and generalizing)          |  |  |  |
|                                 | Acquisition and development of   | 1. | Lesson Attempts/Accuracy of Reponse                    |  |  |  |
| 5.                              | conversational skills including  | 2. | Lesson Completion/Module Completion                    |  |  |  |
| ٥.                              | greetings, leave taking, and   | 3. | Time to respond (engagement and generalizing)          |  |  |  |

Part 2: Data Collection and Problem Correction. Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Documentation will be gathered to determine overall progress in each student participating in the supplemental program, including the Robots4Autism program and the sensory room and active learning center.

The evaluation of the program will include the collecting of baseline data during the first six (6) weeks implementation for the purpose of monitoring, documenting, and reporting progress, as well as comparing end of year progress, growth, and improvement in each associated objective. The objectives include:

- 1. Reduction of inappropriate, inattentive, and disruptive behaviors;
- 2. Generalizing in social situations or social settings;
- 3. Identifying and imitating facial expressions through emotional understanding; and
- 4. Acquisition and development of conversational skills including greetings, leave taking, and conversational dynamics.

In addition to demographic data including number of participants and attendance in the overall supplemental program including the Robots4Autism program and the sensory room and active learning center, the process for collecting data will include no less that weekly progress monitoring and reporting of each participant in the following four (4) areas in the Robots4 Autism program:

- 1. Lesson Attempts
- 2. Lesson Completion

conversational dynamics

- 3. Module Completion
- 4. Time to respond (engagement and generalizing)
- 5. Accuracy of response and level of competency achieved

Potential problems such as scheduling and utilization will be addressed by SISD campus and district level administration in concert with special education staff and robots4autism support staff. Daily and weekly monitoring reports will be primarily used to determine if, and to what extent, there are any corrective actions necessary.

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# Schedule #16—Responses to Statutory Requirements (cont.)

County-district number or vendor ID: 218901

Amendment # (for amendments only):

Statutory Requirement 1: Describe how the program will incorporate evidence-based and research-based design and how the program will include effective use of technology. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The Robots4Autism is a comprehensive intervention program that uses evidence-based practices through purpose-built social, humanoid, facially expressive robot, Milo, to deliver developmental instruction modules with over 130 lessons that teach critical function skills. Milo, and his evidence- and research-based ASD curriculum, is already bridging the gap and creating unprecedented engagement for ASD students in 26 Texas schools. This engagement has resulted in positive outcomes seen within 1-4 months in the following three (3) areas:

- 1. Self-regulation and decrease in classroom disruptions and meltdowns;
- 2. Increased understanding of human emotions, communication, and social interaction; and
- 3. Increased generalizing to human to human interaction.

Some evidence-based practices included in the Robots4Autism program are prompting, social narratives, social skills training, positive reinforcement, visual supports, modeling, technology-aided instruction and intervention to name a few.

Research base includes clinical studies, empirical studies, qualitative case studies and longitudinal studies.

The sensory room and active learning center utilizes evidence-based practices including prompting, social skills training, positive reinforcement, and modeling through the use of therapeutic tools and equipment to teach self-regulation to ASD learners to deescalate problematic behaviors and emotional responses.

Statutory Requirement 2: Describe how the program will collect empirical data on student achievement and improvement and use that data to support effective program implementation. The applicant should describe the process by which baselines for these metrics will be established. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Data will be measured through the use of behavior monitoring and tracking tools as students access the sensory room and active learning space. Data will also be gathered regarding student attendance during regularly scheduled times in their day in the sensory room and active learning center, as well as student attendance due to melt-downs, including frequency of visits and duration of time spent in the sensory room and active learning center needed for cooling down.

Using a dedicated, secure web portal, data is collected, analyzed and reported from the Robots4Autism program providing measured progress and improvement in the following four (4) areas:

- Lesson completion
- Lesson Attempts
- 3. Time to respond (engagement and generalizing)
- 4. Accuracy of response

Data is exportable and can be accessed at any time. The Robots4Autism has recommended that success represents above 90% to consider mastery. Lessons are recommended to be repeated multiple times in order to move on to the next lesson to ensure that mastery has occurred.

Pre - mid - and post data is collected for each student utilizing the aforementioned data in addition to IEP goal progress and attainment. Each lesson is accompanied by sample IEP goals.

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| Sche | dule #16— | Responses | to Statutory | Requ | uirements | (cont | i <b>.)</b> |
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County-district number or vendor ID: 218901

Amendment # (for amendments only):

Statutory Requirement 3: Describe how the program will incorporate parental support and collaboration. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

At the inception of the program, parents will be invited to the school for a demonstration of the Robots4Autism program and tour of the sensory room and active learning space. School staff members will consult with parents regarding student use of the sensory room and active learning center.

The Robots4Autism program provides "parent newsletters" that describe in detail the lesson goals, objectives, and extension support to be used in the home. Reporting of progress, and improvement throughout the program are provided in easy to read reports.

There are parental/learner guardian data collection protocols to assist with observed generalizing behavior.

Statutory Requirement 4: Describe how the proposed program will reflect the diversity of the state and how the program can be replicated for students statewide. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The Robots4Autism program provides over 1500 video vignettes demonstrate ethnic and gender diversity in each lesson. In addition to use with ASD learners, the video supports and modeling have proven powerful for ESL students.

Statewide replication could be achieved through onsite visits to Sonora Elementary from other school districts interested in developing similar programs, including the Robots4Autism and a sensory room and active learning center.

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| Schedule | #17Responses | to TEA Prod | ram Requirements |
|----------|--------------|-------------|------------------|

County-district number or vendor ID: 218901

Amendment # (for amendments only):

**TEA Program Requirement 1:** Describe how the program will use innovative approaches to effectively address the unique academic and functional needs of students with autism. Applicants may focus on new and innovative practices, new and innovative ways to remove barriers to effective implementation of accepted practices, or both. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The Robots4Autism program is incredibly innovative because it utilizes a humanoid, social, facially expressive robot as a tool to help teach social, emotional, behavioral and communicative skills. Over 1500 video vignettes and 1700 video supports are embedded in social narratives that combine audio and visual integration to increase auditory processing.

Additionally, the robot works and integrates with tablet technology for instruction and data collection.

The "scaffolded" instructional design moves students from simple to more complex skill development to ensure generalizing to human to human interaction is accelerated.

The comprehensive curriculum combined with the robot creates a level of engagement that enhances and leverages coherence for the ASD learner.

The sensory room and active learning center provides an innovation learning space for students with autim to develop skills to self-regulate emotional responses and behavior. As a rule, access to these types of sensory environments are not available in public school settings.

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|   | Program Requirements (cont.)   |
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| County-district number or vendor ID: 218901   | Amendment # (for amendments only):   |
| TEA Program Requirement 2: Describe how the program will i  | ncorporate meaningful inclusion. Response is limited to  |
| space provided, front side only. Use Arial font, no smaller than 1<br>An objective of Robots4Autism is to see an increase the social,<br>ASD students. To that end, the Robots4Autism program teached<br>disabled peers, greater access to general curriculum, and an inc | emotional, behavioral and communicative skills with our social skills that increase both interaction with non-     |
| The intent of the sensory room and active learning center is to a the sensory room and active learning center throughout their so classroom during academic activities. It can also provide a safe and behavior in the event of a melt-down so that they may return       | hool day so that they are able to function in the environment for ASD learners to regulate their emotions          |
| One of the greatest challenges are behavioral issues, meltdown and success stories report significant reductions in inappropriate increase of time on task and opportunity to learn.  | ns, and lack of self-regulation by ASD learners. Research e, inattentive, and disruptive behaviors resulting in an |
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| TEA Program Requirement 3: Describe coordination of servic is limited to space provided, front side only. Use Arial font, no si   | es with private or community-based providers. Response maller than 10 point.                                       |
| NA - Program will not coordinate with private or community  | based providers.   |
| · · · · · · · · · · · · · · · · · · ·   | , and the second se     |
| change and we had an ASD learner in such a placement, propositions are for use in the sensory room and active learning  | chool or homeschool setting. However, if this were to ortionate share services would be offered, including a       |
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| Sonora ISD does not have any students currently in a private so change and we had an ASD learner in such a placement, proposcheduled time for use in the sensory room and active learning would have access to the Robots4Autism program.                                 | chool or homeschool setting. However, if this were to ortionate share services would be offered, including a       |
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